THE UNIVERSAL FELLOWSHIP OF METROPOLITAN COMMUNITY CHURCHES

ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

AIDS and the Poor

(by R. Anthony Espinoza)

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Editor: Rev. Dr. Stephen Pieters

Unable to find enough work to provide for his family, Juan felt he had no choice but to take desperate measures. Bidding home and family good-bye, he made off for the United States to work as a migrant worker. On days he had work, he made enough to buy his day's food, pay rent on his living space, and have something left over to send his family in Mexico.

The work was hard and the hours long. Juan often grew tired, almost too tired to go on. So he could work longer and harder and provide better for his family, Juan - along with the other migrant workers - often injected mega-doses of vitamins. Because they were "family," they shared - not just vitamins, but needles as well.

Once in a while the workers had an especially good week - cause for celebration. As part of such occasions, someone usually passed around a bag and needle. This, too, they shared - once again demonstrating their sense of familia.

Juan became ill after a few months. He never considered seeing a doctor. Even if he could have scraped together enough money, his family in Mexico was depending on that money to live. Besides, going to the doctor wasn't his people's way. In the tradition of his culture, Juan went to the "family healer," his grandmother. She prescribed herbs and teas and rest to get him back on his feet.

On days when Juan was not called into work, or when he was too sick to work, he hitched a ride into town. There he prostituted himself for enough money to make the day's expenses.

Finally Juan became so ill that the farm owner called our agency and asked if we knew of a good hospital that would take him. We arranged for a doctor to examine Juan. After the examination, the doctor called and said, "It's too late for Juan to go into the hospital. He'll feel more comfortable spending his last days among people he knows." The doctor was right. Two days later, Juan died of AIDS.

Juan's story illustrates the changing face of AIDS in this country. For years we in the United States have thought of AIDS as a "gay white male" disease. Most of our AIDS education, social services, and medical services have been targeted at this population. The gay white community has come to grips with the need for education. They are getting the word out and behavior is changing.

Among other groups, though, many have yet to be reached. One result is that AIDS is no longer primarily a "gay white male" disease. Five years ago, 60 percent of those with AIDS in the U.S. were white. Today, according to the Centers for Disease Control, over 60 percent are people of color. A disproportionate number are poor. As Juan's story illustrates, the poor are often at greater risk of contracting AIDS for several reasons.

First, the poor frequently suffer from poor nutrition and poor sanitation. Migrant farm workers like Juan are also exposed to pesticides. These factors tend to suppress the immune system, reducing the body's capacity to fight off disease.

Second, many of the poor lack information about the dangers of AIDS and how it can be transmitted or prevented. For someone who doesn't know, something as innocent as a vitamin injection can bring death.

Third, poverty limits access to medical care and may also motivate some to engage in high-risk behavior simply to survive.

Fourth, cultural traditions may encourage behaviors that spread the disease or discourage its treatment.

What is being done about this? That's the question I found myself asking when I returned from an AIDS conference in Houston. "What are we doing right here in Grand Rapids for people of color who have AIDS?" To find out, I began calling local clinics and social service agencies.

Time after time, the answer was, "They don't come to us."

"Why not?" I want to know.

"Well, because we're not geared toward people of color. We're geared toward whites."

(Continued next page)

I witnessed how true that was the first time I accompanied a Hispanic to a clinic for HIV testing. "Oh, we don't have anyone here who can speak Spanish," we were told. "If you had come earlier, someone could have helped you." When I checked with the other clinic in town that offered testing, they didn't have anyone on staff who could speak Spanish, nor did their staff include even one person of color. For the most part, in this country people of color who have AIDS are invisible.

What can we do about it?

(1) We must invest more energy and money in education geared to people of color.

Surgeon General Everett Koop's mailing on AIDS reached many people, but there were also a lot of people it didn't reach. When I speak at high schools, I find that almost every child knows how to make a baby. Few know how to put on a condom, and even this can not adequately prevent the transmission of AIDS.

How can we target education and prevention efforts to people of color? Our project has found three methods that have proven effective.

First, each month we make about ten or twelve public speaking and audiovisual presentations to high schools, church groups, drug rehabilitation centers, and neighborhood associations.

Second, volunteers take literature door to door. About forty percent of our volunteers are Hispanic, forty percent black and twenty percent white. We discovered early on that not everyone we give literature to can read it, so we've learned to ask in a non-threatening manner, "Can you understand this? Can you read it?" When someone can't, the volunteer is ready to read it and answer questions in the person's own language. People tend to deny that they can't read.

Putting accurate information into people's hands doesn't necessarily do the job, either. We put our phone number on every piece of literature we hand out. People who have read our literature often call and ask, "Will I get AIDS if I do this, or if I do that?" The questions are sometimes bizarre, and the questions are always already answered in the literature.

A third method that has worked for us is television. We have a 20-second TV spot in Spanish giving a bilingual AIDS hotline number to call. Everytime the spot runs, we get several calls. The Spanish spot has been so effective we're now preparing two more spots - one targeting blacks and the other Vietnamese.

A major obstacle in the fight against AIDS is the alarming school dropout rate among people of color. In some cities this figure is fast approaching 50 percent of all ninth grade students. Not only are dropouts with low reading skills less able to read literature on preventing AIDS, but few dropouts get good jobs. Many turn to selling drugs and prostitution for their livelihood, behaviors that put them at high risk for AIDS. A crucial aspect of the fight against AIDS, then, is finding ways to keep young people in school.

(2) We must work to remove the barriers to medical and social services for people of color with AIDS.

Like Juan, many people with AIDS never seek medical care because they have no money or their culture discourages it. Others are too proud to walk into a free clinic.

When poor people get so sick that they finally go to a doctor or hospital, they are often turned away. This is not always because they lack insurance; sometimes it is for fear of AIDS. The staffs of too many medical facilities are still inadequately educated about the disease and unwilling to take risks, especially with the poor.

Even opening our doors to the poor, saying, "Come on in, you're welcome," is not enough. We must go where the needs are. Sometimes we don't want to do that. It's not all that pleasant to touch someone who hasn't taken a bath in two weeks. But that's what we may need to do.

One local clinic has received funds to send a health professional out into the community, wherever people can be found, to do HIV testing. That's the kind of program that will reach the people who would otherwise be missed.

(3) Our Churches must forgo condemnation and minister pastorally to people with AIDS.

A member of a family that attended a church here in Grand Rapids tested positive for the HIV virus. The man's mother was in her 80's and had been active in that church for 50 years. The church's response? They asked the whole family to leave the church.

It doesn't have to be that way. When someone associated with the church tests HIV-positive, there should already exist within the church such an atmosphere of caring that the person will know that in a pastor or some other friend in the fellowship s/he will find a person s/he can talk with, someone who will care.

Ministering to a person with AIDS begins with listening. Every couple of nights, a black man with AIDS calls our hotline, just to talk. We have no idea where he lives. He probably calls from a pay phone. He uses drugs

and has no concept of how to make a living except prostitution. He's bitter, he's blaming God, and right now he's not wanting to deal with his anger. All we can provide for him right now is an outlet, someone to talk to. But if he decides to let us do more than listen, our responsibility will become much greater. It's not enough to pull him off the street and send him through a detoxification program. After that, how will he make a living? These are the tough, practical issues that pastoral care involves.

For the local church, too, pastoral care that begins with listening must go on to address practical needs. Regardless of income, a person who contracts AIDS becomes poorer. At some point, the person with AIDS usually must quit work. Qualifying for SSI or state disability assistance is time-consuming. During the months between filing for and receiving assistance, the church can help with immediate expenses - such as food, rent, and medication. Volunteers can come in to help cook or clean. Its response to such a time of need can reveal how compassionate a church really is.

The growing number of people of color with AIDS demands a response from our society. What is required, I believe, is nothing less than a general overhaul of our society's attitudes and approaches toward the poor so that those already suffering the effects of poverty in the midst of plenty are not further victimized by AIDS.

What role should Christians play in this process? By promoting education and prevention efforts targeted specifically at people of color, by working to remove barriers to medical and social services to the poor, and by offering active pastoral care to people with AIDS through our churches and Christian agencies, we as Christians, empowered by God's spirit, can be on the cutting edge of bringing about these desperately needed changes.

-- R. Anthony Espinoza is the Executive Director of the Grand Rapids Minority AIDS Project in Grand Rapids, Michigan. [copyright, 1990, used by permission of R. Anthony Espinoza].

Calgary, Alberta AIDS Conference in October

AIDS Calgary is holding a special conference called, "Disrupting Complacency, the Challenge for the 90's." This is a conference for AIDS Educators and workers, teachers, social workers, and health care providers.

The conference will take place at the Calgary Convention Centre, October 29-30, 1990. Registration costs $100 (Canadian). For further information and registration forms, contact S. Stefansson, AIDS Workers Conference, AIDS Calgary Alberta Awareness Association, #300, 1021-10th Avenue S.W., Calgary, Alberta, Canada T2R 0B7, or phone (403) 228-0198.

Third Annual UFMCC AIDS Ministry Conference

"Empowering Response to the Rainbow Epidemic" is the theme of the Third Annual UFMCC AIDS Ministry Conference. The UFMCC Office of AIDS Ministry will produce the conference with the cooperation and help of the Department of People of Color.

Last year's conference, "Pastoral Care Challenges as AIDS/HIV Changes" was a hit with conference attendees. The medical update, the worship services and many of the workshops received rave reviews from people who attend many HIV conferences.

This year, Conference Coordinator, Rev. Dr. Stephen Pieters, says, "We hope that 1991's conference will be an opportunity for people to consider the particular challenges HIV infection presents to those who minister. This conference will particularly focus on the needs of people of color. UFMCC's General Conference made a commitment to this emphasis, reflecting the disproportionate number of people of color affected by HIV. The epidemic is continuing to confront us with our society's racism and classism."

The Rev. Elder Don Eastman, Executive Director of UFMCC AIDS Ministry, is challenging each district to sponsor the attendance of two people of color. He hopes many local churches will follow suit. "We want this to be an opportunity for all people to come together around the issues of AIDS Ministry, but particularly want this to be an opportunity for people of color."

The conference will be held January 19-21, 1991 at the Radisson Main Gate, in Orlando, Florida. Watch ALERT for further information about registration. Travel and hotel information is available from Mr. Jim Voltz at Vacation Corporation, 6310 San Vicente Blvd., Suite 402, Los Angeles, CA; (213) 933-4111, or (800) 966-7174.

Ecumenical Curriculum For Churches

The AIDS Ministries Program of Connecticut has published a revised, ecumenical curriculum, Responding to AIDS: A Curriculum for Churches. This curriculum builds upon previous work done in 1988 with the Christian Conference of Connecticut. This educational program is designed to involve the Christian community in understanding and responding to the AIDS crisis. It can be used in a variety of settings and is easily adaptable to different educational formats.

The curriculum is in five parts: Informational, Formational, Mobilizing for Ministry, Asking about AIDS, and National AIDS Resources. For more information, write or call Rev. Thaddeus Bennett, AIDS Ministries Program, 1335 Asylum Ave., Hartford, CT 06105; (203) 231-8012.

Second National ANIN
HIV/AIDS Ministries Conference

The AIDS National Interfaith Network is holding its second national HIV/AIDS Ministries Conference for sharing, nurturing, networking, and advocacy. The conference will be held September 16-18, 1990, at the Bismarck Hotel in Chicago, Illinois.

The conference will offer opportunities for persons committed to HIV/AIDS Ministries to learn, share experiences, discuss mutual concerns, strengthen networking relationships, consider advocacy strategies, worship together and nurture and inspire one another. There will be free time for relaxation and private conversations among conferees.

The Conference will include custom-designed HIV/AIDS Education and Pastoral Care Training Programs offered on a parallel track to the ANIN Conference Schedule. These 10 hour training programs for clergy and lay persons will cover essential aspects of HIV/AIDS caregiving.

Conference workshops will address both practical and pastoral concerns such as fundraising; interfaith organizing; direct service development; multiple loss; ministry with communities of color, women, youth, and children; homophobia; congregation-based prevention education; preaching on AIDS; substance abuse and addiction; denial; and model programs.

There will also be an Interfaith Service of Healing and Hope at the Chicago Temple on Sunday, September 16 at 7:00 p.m. On Monday evening, there will be a gala, public ANIN Awards Dinner. The Annual Meeting of the ANIN membership will be held on Tuesday, September 18, at 12:15 p.m.

Conference registration is $110 before Aug. 15; $130 from Aug 16 - Sept 7, and $140 after Sept 7. For further information and registration forms, contact Doug Mikkleson at ANIN, 475 Riverside Dr., 10th floor, New York, NY 10115.

In Memory of
Rev. Ron Bergeron, Former Pastor
MCC Ottawa ECM, Ontario Canada

Rev. Ron Bergeron, a gentle, spiritual, loving child of God, passed away on July 8, 1990 from complications due to AIDS. A celebration of Ron's life was held in Ottawa, Ontario on July 11, 1990 with Rev. Troy Perry officiating. During this service many of Ron's writings were read and we would like to share a few of those writings with you so that you may share in a part of Ron's life.

"Prince of Life - Jesus - My Saviour, teach me to find in death your invitation to 'Come, follow me.' Rid me of my fears and strengthen every sinew of my being to accept in death - others' or my own - new life and presence in your love. Let me make of death itself a gift. Let it be a reaching out to you."

"As a child, grace was a quantity that I was taught to pray for receiving, hope for possessing and to be thankful for when obtained. Saints had it. They were full of grace. My image of a holy person was staid and unreal: a quiet individual - not needing to eat, sleep or work, and seldom, if ever, laughing. None of my family or friends could be considered as holy by such a standard. As for grace, I thought there would be at least some in my life, but was never quite sure if I had used it all or if it was still to come to me.

"As I grew older, however, I at last began to grasp, if only fleetingly, the beauty and the force of grace. Reflecting on my family and friends, I realized that there was a reality - quite independent of me or of any one of them - that existed because of both of us. That reality could be called love, perhaps, but when I named it grace, I was led to the realization of the dynamic brought about by God's freely-given love for me accepted in my life.

"In grace I have been inspired, lifted up in darkness, comforted and moved to thanksgiving in compassion. My day to days have been invaded by a constancy of hope and my nights by a faith that all is well. Of my family and friends, I now think with gratitude, for through them - through these holy people, I have been instructed of the Divine."

Rev. Ron Bergeron is and always will be remembered for his loving and gentle spirit, his laughter and his ability to bring so much joy to so many who knew him. Ron will be missed in so many ways by all of the people who knew and loved him, and by the many people whose lives were touched by Ron's presence.

Ron's life was filled with love and joy which he shared with everyone he came in contact with. The following words from Ron's writings seem to bring out the love that Ron felt this world needed to know:

"So that we may love one another, let us first include one another. Real love dwells only in a space that recognizes the 'we' before the 'I' and the 'you'. Such a space is holy ground. It is welcoming and hospitable, devoid of personal greed and of the kind of fear that objectifies another person - a neighbor - by assuming that one is the keeper of the door to sharing.

"There has never been only one door; there are many. The invitation is not our own creation, but a gift given by the Inviter of all. To none of us is given the power to say who is welcome and who is not, who may enter and who may not, who is invited and who is not, who belongs and who does not, who is 'in' and who is 'out'.

"Love is not a space to own or to possess. It can only be entered into and shared."

Thank you, Ron, for your beautiful words of wisdom and your gentle and loving ways. We will miss you and hold you in our thoughts and minds always. Ron is survived by his spouse, Carol Richer.